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Bib Data Sheet

CONFIRMATION NO. 5040

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/884,618 | FILING DATE 06/19/2001 RULE | CLASS 705 | GROUP ART UNIT 2161 | ATTORNEY DOCKET NO. SOM920010003US1 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS
Richard L. Spagna, Boca Raton, FL;
Ting Zhao, Coral Springs, FL;
Douglas R. Geisler, Boca Raton, FL;
James C. Mahlbacher, Lake Worth, FL;

**** CONTINUING DATA *******
THIS APPLICATION IS A CIP OF 09/376,102 08/17/1999 *K.A.*
WHICH IS A CIP OF 09/177,096 10/22/1998 * *K.A.*
WHICH IS A CIP OF 09/133,519 08/13/1998 PAT 6,226,618 *K.A.*
(*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS *******
None K.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 07/06/2001**

| | | | | |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY FL | SHEETS DRAWING 30 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <i>K.A.</i> Initials | | | |

ADDRESS
23334

TITLE
Method and system for securing local database file of local content stored on end-user system

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|